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ABSTRACT

Many heterosexuals have not altered their sexual practices in response to the threat of Acquired Immune Deficiency Syndrome (AIDS). Knowledge of risk alone appears to have little effect on altering sexual behavior; more complex psychological factors seem to be involved. Condom use to prevent the spread of Human Immunodeficiency Virus is a unique health behavior because it typically involves either explicit or implicit agreement between both partners. Therefore, within heterosexual relationships, knowledge of gender differences in attitudes, intentions, and behavioral tendencies should enhance understanding of the interpersonal processes involved in condom use. Two studies, conducted approximately one year apart, examined gender differences with respect to AIDS-relevant condom attitudes and condom use behaviors. Subjects (N=248, N=528) were undergraduates, primarily heterosexual. Females generally had more favorable attitudes with the exception of greater inhibition about buying and possessing condoms. Men engaged in preliminary condom use behaviors (carrying and keeping condoms at home) substantially more often. Gender was unrelated to past and intended condom use. Results suggested that although females may indirectly influence condom use decisions, providing condoms is generally the expected role of males, infusing them with greater control over the interpersonal process. Interventions aimed at decreasing females' inhibitions about possessing condoms, and/or increasing their influence in the sexual situation will increase the frequency that condoms are used during sexual intercourse. (LLL)

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Gender Differences in AIDS-Relevant Condom Attitudes and Condom Use

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ABSTRACT

Two studies, conducted approximately one year apart, examined gender differences with respect to AIDS-relevant condom attitudes and condom use behaviors. Subjects (N=248, N=528) were undergraduates, primarily heterosexual. Females generally had more favorable attitudes with the exception of greater inhibition about buying and possessing condoms. Men engaged in preliminary condom use behaviors (carrying and keeping condoms at home) substantially more often. Gender was unrelated to past and intended condom use. Results suggested that although females may indirectly influence condom use decisions, providing condoms is generally the expected role of males, infusing them with greater control over the interpersonal process. Interventions aimed at decreasing females' inhibitions about possessing condoms and/or increasing their influence in the sexual situation will increase the frequency that condoms are used during sexual intercourse.

INTRODUCTION

Many heterosexuals have not altered their sexual practices in response to the threat of AIDS (Fisher & Misovich, 1990; Linden et al., 1990). Knowledge of risk alone appears to have little effect on altering sexual behavior; rather more complex psychological factors seem to be involved (e.g., Coates, 1990; Kelly & St. Lawrence, 1988; Kelly, St. Lawrence, & Brasfield, 1991). A growing number of studies provide support for the role of attitudes as predictors of condom use in both homosexual (e.g., Valdiserri et al., 1988) and heterosexual populations (e.g., Sacco, Levine, Reed & Thompson, in press).

Condom use to prevent the spread of HIV is a unique health behavior because it typically involves either explicit or implicit agreement between both partners. Therefore, within heterosexual relationships, knowledge of gender differences in attitudes, intentions, and behavioral tendencies should enhance our understanding of the interpersonal processes involved in condom use (cf. Stein, 1990). The present paper reports the results of two studies that examined AIDS-relevant condom attitudes and past and intended condom use among heterosexual college students as a function of the subject's gender.

METHOD

Undergraduate volunteers (N=248, N=528) participated in two studies that took place approximately one year apart. All subjects were administered the Condom Attitude Scale (CAS: Sacco et al., in press), a 57-item scale assessing eight attitudinal factors related to condom use as an AIDS-relevant behavior, and the Condom Use Questionnaire (CUQ: Sacco et al., in press), a 29-item scale designed to assess past and intended condom use. Subjects respond to the CAS using a 7-point scale (scored 0-6), ranging from "Strongly Agree" to "Strongly Disagree". The CUQ items are divided into those items that assess past and intended preliminary condom use behaviors (Pre-CUQ; i.e. whether subjects carry condoms on their person or keep them in their homes), and those that assess past (Past-CUQ) and intended (Intended-CUQ) condom use during sexual intercourse with partners who pose some risk of transmitting HIV. Subjects first indicate if they would (did) have sex with someone like the person described and, if so the extent to which they intended to (did) use a condom. An example item is "someone who you are (were) quite attracted to, but whose sexual history you don't (didn't) know".

The Intended-CUQ and Past-CUQ are further divided into subsets of items that relatively high or moderate proportions of subjects indicated that they would have (have had) sex under the conditions described in the item. These item subsets are referred to as the CUQ-Past High-Frequency subscale (CUQ-PHF), the CUQ-Past Moderate-Frequency subscale (CUQ-PMF), the CUQ-Intended High-Frequency subscale (CUQ-IHF), and the CUQ-Intended Moderate-Frequency subscale (CUQ-IMF).

RESULTS

Condom Attitudes:

As shown in Table 1, in Study 1 females reported more favorable attitudes about condoms than did males on five of the eight CAS subscales but had lower scores on Inhibition (i.e., were more inhibited about buying and keeping condoms). No gender differences were found for Perceived Risk and Relationship Safety. Similar results were obtained in Study 2; females reported more favorable attitudes on each CAS subscale except Inhibition, on which they scored lower.

Stepwise discriminant function analyses using the eight CAS subscales as predictors of gender were conducted (see Table 2). The equations for both studies were significant [Study 1: $F\ (4, 224) = 15.94$, $p < .0001$; Study 2: $F\ (4, 460) = 21.29$, $p < .0001$] and provided nearly identical results. These results indicate that, controlling for the intercorrelations among CAS subscales, males and females consistently differ on Inhibition, Promiscuity, and Self-Control. With these variables in the equation, gender accounted for approximately 20% of the variance in condom attitudes.

Carrying, Keeping, and Using Condoms:

Consistent with their more inhibited attitudes regarding condoms, females were less likely than males to carry condoms or to keep them at home, and were less likely to intend to do so in the future (see Table 3). It is noteworthy that females generally reported rather low rates of these preliminary condom use behaviors. Females did not differ from males on any of the CUQ subsets measuring past and intended condom use during sexual intercourse (see Table 4). Absolute frequency of past condom use was generally low, with intended condom use reaching moderate levels at best.

CONCLUSIONS

1. Compared to males, females have more favorable attitudes about condoms with one exception: Females have more negative attitudes about buying and possessing condoms.

2. Females are less likely than males to carry condoms on their person or keep them in their homes, and are less likely to intend to do so in the future. This may cause the female to be overly dependent on the male for condoms to be available during a sexual encounter.

3. Although absolute levels of carrying and keeping condoms at home are low for both genders, this is especially true for females.

4. Despite gender differences in attitudes and in possessing condoms, females do not differ from males in reports of condom use during sexual situations that pose some risk of contracting HIV. This result reflects the interpersonal nature of condom use.

5. Absolute frequency of past condom use in risky situations is generally low. Intended frequency of condom use in these situations reaches only moderate levels at best.

6. Interventions aimed at decreasing females' inhibitions about carrying and keeping condoms may increase overall levels of condom use in situations that contain risk for contracting HIV.

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Table 1
Mean Scores on Condom Attitude Scale Subscales as a Function of Gender

	STUDY 1					STUDY 2				
CAS ATTITUDE SUBSCALE:	FEMALE (n=147)	MALE (n=82)	F (1,227)	p	eta^2	FEMALE (n=352)	MALE (n=113)	F (1,463)	p	eta^2
INTERPERSONAL IMPACT (11 items) (e.g., If partner suggested, I'd feel relieved; People who use condoms are considerate.)	M= 4.52 (.99)	M= 4.07 (.93)	11.11	.001	.05	M= 4.83 (.94)	M= 4.37 (1.15)	18.30	.0001	.04
EFFECT ON SEXUAL EXPERIENCE (10 items) (e.g., Condoms are a hassle to use; Condoms take the 'wonder' out of sex.)	M= 3.49 (1.28)	M= 3.01 (1.24)	7.37	.007	.03	M= 3.34 (1.22)	M= 2.89 (1.11)	12.28	.0005	.03
SELF-CONTROL (9 items) (e.g., I'm concerned about AIDS, but in the heat of the moment it wouldn't stop me from having sex without a condom.)	M= 3.86 (1.33)	M= 3.14 (1.40)	14.96	.0001	.06	M= 4.04 (1.32)	M= 3.45 (1.32)	17.36	.0001	.04
GLOBAL ATTITUDE (9 items) (e.g., Condoms protect against sexually transmitted diseases; People who use condoms are whimps.)	M=5.30 (.81)	M=4.89 (.90)	12.52	.0005	.05	M= 5.35 (.61)	M= 4.89 (.71)	12.82	.0004	.03
PERCEIVED RISK (6 items) (e.g., If I'm not careful, I could definitely catch AIDS.)	M= 4.35 (1.36)	M= 4.24 (1.35)	.37	ns	.00	M= 4.45 (1.40)	M= 4.10 (1.51)	5.12	.02	.01
INHIBITION (4 items) (e.g., I'd be embarrassed to buy condoms.)	M= 3.34 (1.48)	M= 4.20 (1.45)	18.17	.0001	.08	M= 3.60 (1.49)	M= 4.55 (1.22)	37.35	.0001	.08
PROMISCUITY (3 items) (e.g., People who carry condoms are just looking for sex.)	M= 4.82 (1.22)	M= 4.25 (1.45)	9.79	.002	.04	M= 4.54 (1.43)	M=4.17 (1.42)	6.02	.01	.02
RELATIONSHIP SAFETY (5 items) (e.g., A condom is not necessary when you are with the same person for a long time.)	M= 3.00 (1.35)	M= 2.89 (1.25)	.35	ns	.00	M= 3.53 (1.45)	M= 3.16 (1.40)	5.47	.02	.01

Note: Subjects respond to the CAS using a 7-point scale (scored 0-6), ranging from 'Strongly Disagree' to 'Strongly Agree'. For all subscales, higher mean scores reflect more favorable attitudes toward condom use. Standard deviations are in parentheses.

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TABLE 2
Stepwise Discriminant Function Analyses Predicting Gender

CAS SUBSCALE (in order of entry)	Standardized Discriminant Function Coefficient	Variance Explained	Cumulative Variance Explained	Wilks' Lambda	p
Study 1					
Inhibition	-.83	.08	.08	.93	.0001
Promiscuity	.50	.08	.16	.85	.0001
Self-Control	.43	.05	.21	.78	.0001
Global	.35	.02	.23	.77	.0001
Study 2					
Inhibition	-.88	.10	.10	.93	.0001
Promiscuity	.47	.06	.16	.87	.0001
Self-Control	.34	.03	.19	.85	.0001
Interpersonal	.29	.01	.20	.84	.0001

Table 3
Past and Intended Carrying and Keeping Condoms at Home as a Function of Gender

	STUDY 1				STUDY 2			
	FEMALE (n=155)	MALE (n=85)	F (1,238)	p	FEMALE (n=385)	MALE (n=133)	F (1,516)	p
Carry Condoms	M= .28 (1.00)	M= 1.02 (1.55)	19.88	.0001	M= .28 (.87)	M= 1.64 (1.84)	125.06	.0001
Keep Condoms	M= .70 (1.59)	M= 2.48 (2.35)	48.34	.0001	M= .94 (1.74)	M= 3.59 (2.39)	185.39	.0001
Intend to Carry	M= .93 (1.48)	M= 1.93 (1.75)	22.20	.0001	M= 1.17 (1.61)	M= 2.49 (2.01)	57.52	.0001
Intend to Keep	M= 1.90 (2.14)	M= 3.11 (2.29)	16.81	.0001	M= 1.96 (2.05)	M= 4.03 (2.18)	96.21	.0001

Note: Subjects respond to these items using a 7-point scale (scored 0-6) ranging from "Never" to "Always". For all items, higher mean scores reflect higher rates of carrying/keeping condoms. Standard deviations are in parentheses.

Table 4
Past and Intended Condom Use as a Function of Gender

	STUDY 1					STUDY 2				
	FEMALE	MALE	df	F	p	FEMALE	MALE	df	F	p
CUQ-PHF	M= 1.58 (1.72) (n=36)	M= 1.89 (1.89) (n=24)	(1,58)	.42	ns	M= 2.01 (1.76) (n=49)	M= 2.30 (1.69) (n=26)	(1,73)	.48	ns
CUQ-PMF	M= 2.59 (2.26) (n=27)	M= 2.05 (2.07) (n=22)	(1,47)	.16	ns	M= 2.27 (2.03) (n=35)	M= 3.17 (1.95) (n=24)	(1,57)	2.88	ns
CUQ-IHF	M= 4.36 (1.81) (n=120)	M= 3.89 (1.89) (n=75)	(1,193)	3.03	.08	M= 4.25 (1.86) (n=286)	M= 4.31 (1.78) (n=118)	(1,402)	.07	ns
CUQ-IMF	M= 4.10 (1.69) (n=40)	M= 3.88 (1.67) (n=43)	(1,81)	.35	ns	M= 3.98 (1.89) (n=99)	M= 4.09 (1.70) (n=72)	(1,169)	.17	ns

Note: Subjects respond to these items using a 7-point scale (scored 0-6) ranging from 'Never' to 'Always'. For all items, higher mean scores reflect higher rates of condom use. Standard deviations are in parentheses. PHF = past condom use high-frequency items, PMF = past condom use moderate-frequency items, IHF = intended condom use high-frequency items, IMF = intended condom use moderate-frequency items.